

EXECUTIVE MBA



LeBow

EMBA XXVI (Class of 2019)

The following information is confidential and will not be shared outside of Drexel University except in the case of medical emergency.

Personal Contact Information

Name		Birth Date	
Nickname		Home Phone	
Home Address			
City, State, Zip		Home E-mail	
Spouse/Significant Other			
Child(ren)			

Business Contact Information

Company		Job Title	
Work Phone		Work Fax	
Company Address			
City, State, Zip		Work E-mail	

Emergency Contact Person

Name		Relation	
Day Phone		Evening Phone	
Day Address			
City, State, Zip			
Evening Address			
City, State, Zip			

Doctor Contact Information

Name	
Phone	
Address	

Health Conditions/Allergies

Do you have any health conditions we should be aware of? Tell us about any allergies (including foods) we should be aware of. Do you carry an EPI Kit or other medications? Do we need to know anything about how to help you during an allergic reaction?

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Please return this form to:

Christian Polidoro
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Philadelphia, PA 19104
Tel. 215-895-1406
Fax: 215-895-1602